FORM D

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering (check if this is an amendment and name has changed, and indicate change.) Series C Preferred Stock Financing	1132094
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Type of Filing: Amendment	Section 4(6) ULOE
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Santur Corporation	
Address of Executive Offices (Number and Street, City, State, Zip Code) 40931 Encyclopedia Circle, Fremont, CA 94533	Telephone Number (Including Area Code) (510) 656 7130
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Provider of optical networking components.	PROCESSE
Type of Business Organization Corporation Ilimited partnership, already formed business trust limited partnership, to be formed other	(please specify): MAR 0 5 2004
Actual or Estimated Date of Incorporation or Organization: Month Year	Actual
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or 77d(6). When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A no Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if due, on the date it was mailed by United States registered or certified mail to that address. Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually sign photocopies of the manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the the information requested in Part C, and any material changes from the information previously supplied in Parts with the SEC. Filing Fee: There is no federal filing fee. State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of set that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrat made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the prope be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of the ATTENTION	tice is deemed filed with the U.S. Securities and f received at that address after the date on which it is sed. Any copies not manually signed must be name of the issuer and offering, any changes thereto, A and B. Part E and the Appendix need not be filed eccurities in those states that have adopted ULOE and tor in each state where sales are to be, or have been ar amount shall accompany this form. This notice shall
Failure to file notice in the appropriate states will not result in a loss of the federal exemption.	Conversely, failure to file the appropriate

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (2-97) Page 1 of 8

Enter the information reEach promoter of th	•	ving: as been organized within the	past five years;		
 Each executive office 		porate issuers and of corporat			equity securities of the issuer; suers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Craig, Richard					
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
c/o Santur Corporation, 409	31 Encyclopedia Ci	rcle, Fremont, CA 94533			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Parhar, Gurinder					
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
c/o Santur Corporation, 409	31 Encyclopedia Ci	rcle, Fremont, CA 94533		·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director □ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Pezeshki, Bardia	· · · · · · · · · · · · · · · · · · ·				
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
c/o Santur Corporation, 409	31 Encyclopedia Ci	rcle, Fremont, CA 94533			<u>. </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Calhoun, Hal	individual)				
Business or Residence Addres	•		ark, CA 94025		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Sessions, Andrew	individual)				
Business or Residence Address	s (Number and Stree	et City State Zin Code)			
c/o Thomas Weisel Venture		-	ontgomery Street, San F	rancisco. CA 94104	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Tomasetta, Louis	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
c/o Vitesse Semiconductor C	-		93012		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lamond, Pierre					
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
c/o Sequoia Capital, 2460 Sa		•			
	(Use blank	sheet, or copy and use add	litional copies of this shee	t, as necessary)	

BASIC IDENTIFICATION DATA

V:\MISC\Form.D.doc (15348) SEC 1972 (2-97) Page 2 of 8

Each beneficial owrEach executive office	e issuer, if the issuer l ner having the power t	has been organized within the to vote or dispose, or direct the porate issuers and of corpora	ne vote or disposition of, 10%		f equity securities of the issuer; ssuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Scifres, Donald					
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			
c/o SDL Capital, 2800 Sand	Hill Road, Suite 12	20, Menlo Park, CA 94025			_
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
c/o Santur Corporation, 409	931 Encyclopedia C	Circle, Fremont, CA 94533			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Mento Ventures VIII, L.P.					
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
3000 Sand Hill Road, Build	ing 4, Suite 100, Me	enlo Park, CA 94025			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, in Sequoia Capital X	f individual)				
Business or Residence Addre 2460 Sand Hill Road, Menlo		eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)			***	
Thomas Weisel Venture Par	rtners, L.P.				
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
Pacific Telesis Tower, One	Montgomery Street	, San Francisco, CA 9410	4		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Sequoia Technology Partne	rs X				
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
2460 Sand Hill Road, Menlo	Park, CA 94025				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	findividual)				· · ·
Sequoia Capital X Principa	ls Fund				
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
2460 Sand Hill Road, Menlo	Park, CA 94025				
	(Use blan	k sheet, or copy and use ad	ditional copies of this sheet	, as necessary)	

BASIC IDENTIFICATION DATA

A.

Each beneficial ownEach executive office	e issuer, if the issuer her having the power to	as been organized within the vote or dispose, or direct the orate issuers and of corpora	e vote or disposition of, 10%		f equity securities of the issuer; ssuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
JDS Uniphase Corporation	(f/k/a SDL, Inc.)				
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
768 Automation Parkway, S	San Jose, CA 95134				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
VantagePoint Venture Part	ners IV(Q), L.P.				
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
1001 Bayhill Drive, Suite 30	0, San Bruno, CA 9	4066			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stree	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stree	t, City, State, Zip Code)			
	(Use blank	sheet, or copy and use add	litional copies of this sheet	t, as necessary)	

BASIC IDENTIFICATION DATA

A.

	·						ABOUT OF				Yes	No
. Has t	he issuer sold,	or does the is	ssuer intend									\boxtimes
					• •		=	under ULOE.				
2. What	is the minimu	m investmen	t that will be	accepted fro	om any indivi	idual?			•••••••	.,	\$ Yes	N/A No
3. Does	the offering p	ermit joint ov	vnership of a	single unit?								×
remui perso than f	the information neration for so n or agent of a ive (5) persons r only.	licitation of p broker or dea	urchasers in o ler registered	connection w I with the SE	vith sales of s C and/or wit	ecurities in th h a state or st	ne offering. I tates, list the	f a person to l name of the b	oe listed is ar roker or dea	associated ler. If more		
	(Last name fir	st, if individu	ual)					* **				
Business or	Residence A	idress (Numi	per and Stree	t, City, State	, Zip Code)				. , -			
Name of A	ssociated Brol	cer or Dealer								 		
States in W	hich Person L	isted Has So	licited or Inte	ends to Solic	it Purchasers							
(Check '	'All States" or	check indivi	duals States)						•••••••		□ A	11 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	[SC] (Last name fir			[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name		st, if individu	ıal)			[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name Business or	(Last name fir	st, if individu	ıal)			[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name Business or	(Last name fir	st, if individu ddress (Numb	per and Stree	t, City, State	, Zip Code)		[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name Business or Name of A States in W	(Last name fir Residence Adssociated Brok	st, if individu ddress (Numb eer or Dealer isted Has Sol	per and Stree	t, City, State	, Zip Code)					[WI]		[PR]
Full Name Business or Name of A States in W	(Last name fir Residence Adssociated Brokenson L	st, if individu ddress (Numb eer or Dealer isted Has Sol	per and Stree	t, City, State	, Zip Code)					[WI]		
Full Name Business or Name of A States in W (Check'	(Last name fir Residence Adssociated Brok Sociated Brok Shich Person L	st, if individu ddress (Numb ser or Dealer isted Has Sol check indivi	per and Stree	t, City, State	, Zip Code) it Purchasers							ll States
Full Name Business or Name of A States in W (Check'	(Last name fir Residence Adssociated Brok Strick Person L 'All States" or	st, if individual ddress (Number or Dealer isted Has Sol check individual)	per and Stree	nds to Solic	, Zip Code) it Purchasers [CO]	[CT]	[DE]	[DC]	[FL]	[GA]	☐ A	ll States
Full Name Business or Name of A States in W (Check' [AL] [IL]	(Last name fir Residence Adsociated Brokenson Learning or [AK]	st, if individual ddress (Number or Dealer isted Has Sol check individual [AZ]	ber and Stree licited or Inte duals States) [AR] [KS]	nds to Solic	, Zip Code) it Purchasers [CO] [LA]	[CT] [ME]	[DE]	[DC] [[MA]	[FL]	[GA] [MN]	[HI]	Il States [ID] [MO]
Full Name Business of Name of A States in W (Check' [AL] [IL] [MT] [RI]	(Last name fir Residence Adsociated Brokenson Learning or [AK] [IN] [NE]	st, if individual ddress (Number or Dealer isted Has Sol check indiving [AZ] [IA] [NV] [SD]	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN]	nds to Solic [CA] [KY] [NJ]	, Zip Code) it Purchasers [CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	ll States [ID] [MO] [PA]
Full Name Business or Name of A: States in W (Check' [AL] [IL] [MT] [RI]	(Last name fir Residence Adsociated Brokenson Learning or [AK] [IN] [NE] [SC]	st, if individu	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN]	rids to Solic [CA] [KY] [NJ]	, Zip Code) it Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	ll States [ID] [MO] [PA]
Full Name Business or Name of A States in W (Check' [AL] [IL] [MT] [RI] Full Name Business or	(Last name fir Residence Adsociated Brokenson Learning or [AK] [IN] [NE] [SC] (Last name fir	st, if individu	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN]	rids to Solic [CA] [KY] [NJ]	, Zip Code) it Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	ll States [ID] [MO] [PA]
Full Name Business or Name of A. States in W. (Check' [AL] [MT] [RI] Full Name Business or	(Last name fire Residence Adsociated Brokensociated	st, if individual didress (Number or Dealer isted Has Sol check individual [IA] [NV] [SD] st, if individual didress (Number or Dealer	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] per and Stree	rnds to Solic [CA] [KY] [NJ] [TX]	, Zip Code) it Purchasers [CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC]	[DC] [[MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	ll States [ID] [MO] [PA]
Full Name Business or Name of A States in W (Check' [AL] [IL] [MT] [RI] Full Name Business or	(Last name fire Residence Adsociated Brokenson Least name fire Residence Adsociated Brokenson Least name fire Residence Adsociated Brokenson Residence Residence Adsociated Brokenson Residence Residenc	st, if individual diress (Number or Dealer isted Has Sol check indiving [AZ] [IA] [NV] [SD] st, if individual diress (Number or Dealer isted Has Sol	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] per and Stree	nds to Solic [CA] [KY] [NJ] [TX]	, Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	ll States [ID] [MO] [PA]
Full Name Business or Name of A States in W (Check' [AL] [IL] [MT] [RI] Full Name Business or	(Last name fire Residence Adsociated Brokenson Least name fire Residence Adsociated Brokenson Least name fire Residence Adsociated Brokenson Least name Least name Fire Residence Adsociated Brokenson Residence Adsociated Brokenson Residence Adsociated Brokenson	st, if individual diress (Number or Dealer isted Has Sol check indiving [AZ] [IA] [NV] [SD] st, if individual diress (Number or Dealer isted Has Sol	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] per and Stree	nds to Solic [CA] [KY] [NJ] [TX]	, Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	ll States [ID] [MO] [PA] [PR]
Full Name Business or Name of A States in W (Check' [AL] [MT] [RI] Full Name Business or Name of A States in W (Check'	(Last name fire Residence Adsociated Brokenson Least name fire Residence	st, if individual ddress (Number or Dealer isted Has Sol (Number of Dealer Individual ddress (Number or Dealer isted Has Sol check individual	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] per and Stree licited or Inte duals States)	rnds to Solic [CA] [KY] [NJ] [TX]	, Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code)	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[MS] [OR] [WY]	Il States [ID] [MO] [PA] [PR]
Full Name Business of A States in W (Check' [AL] [MT] [RI] Full Name Business of Name of A States in W (Check'	(Last name fire Residence Adsociated Brokenson Least name fire Residence	st, if individual dress (Number or Dealer isted Has Sol check indiving [AZ] [IA] [NV] [SD] st, if individual dress (Number or Dealer isted Has Sol check indiving [AZ]	ber and Stree licited or Inte duals States) [AR] [KS] [NH] [TN] per and Stree duals States)	rnds to Solic [CA] [KY] [NJ] [TX] t, City, State	, Zip Code) it Purchasers [CO] [LA] [NM] [UT] , Zip Code) it Purchasers	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [[MA] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] A [HI] A [HI]	Il States [ID] [MO] [PA] [PR]

V:\MISC\Form.D.doc (15348) SEC 1972 (2-97) Page 3 of 8

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\subseteq \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		ggregate ring Price	Amo	unt Already Sold
	Debt	\$	0	\$	0
	Equity	\$ <u>11</u>	,060,680	\$ <u>10</u>	,730,421
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$	0	s	0
	Partnership Interests	\$	0	S	
	Other (Specify)	\$	0	\$	0
	Total			\$ 10	,730,421
	Answer also in Appendix, Column 3, if filing under ULOE.		/		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			umber ivestors	Doll	ggregate ar Amount Purchase
	Accredited investors		23	\$ <u>10</u> ,	730,421
	Non-accredited Investors		0	S	0
	Total (for filings under Rule 504 only)		N/A	\$	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	7	D 6	ъ. п	ar Amount
	Type of Offering		Type of ecurity	Don	Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$	N/A
	Rule 504		N/A	\$	N/A
	Total		N/A	\$	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees		\boxtimes	\$	80,000
	Accounting Fees			\$	0
	Engineering Fees			\$	0
	Sales Commissions (specify finders' fees separately)			\$	0
	Other Expenses (identify)			\$	0
	Total		\boxtimes	\$	80,000

OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

C.

to	70 . 4 1000 . 1			
	otal expenses furnished in response to	ggregate offering price given in response to Part C - Question Part C - Question Part C - Question 4.a. This difference is the "adjusted gr	oss	\$ <u>10,980,680</u>
th le	ne purposes shown. If the amount for	sted gross proceeds to the issuer used or proposed to be used any purpose is not known, furnish an estimate and check the ayments listed must equal the adjusted gross proceeds to th 4.b above.	e box to the	
			Payments to Officers, Directors & Affiliates	Payments To Others
S	alaries and fees		🗆 \$	\$
P	Purchase of real estate		🗆 \$	\$
P	Purchase, rental or leasing and installa	ation of machinery and equipment	🗀 \$	\$
C	Construction or leasing of plant build	ings and facilities	s	\$
Α	Acquisition of other businesses (inclu	iding the value of securities involved in this offering that murities of another issuer pursuant to a merger)	nay be	
	-	•		
	. ,			
V	Vorking capital		[] \$	∑ \$ <u>10,980,680</u>
C	Other (specify):		🗆 \$	\$
C	Column Totals			\$
	Total Payments Listed (column	totals added)	\$ <u>10.98</u>	30,680
		D. FEDERAL SIGNATURE	<u> </u>	
inderta		gned by the undersigned duly authorized person. If this notice is Securities and Exchange Commission, upon written request of 2) of Rule 502.		
	(Print or Type)	Signature	Date Marsh 4, 2004	
	Corporation of Signer (Print or Type)	Title of Signer (Print or/Type)		
≀ichar	d Craig	Chief Executive Officer		